WASHINGTON FOCUS Chemical Dependency Newsletter

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WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES • DIVISION OF ALCOHOL AND SUBSTANCE ABUSE

Providing SSI Recipients With Chemical Dependency Treatment Saves $774 Per Month in Medical Costs

By Fred Garcia, Chief of Program Services and Toni Krupski, DASA Research Administrator

BACKGROUND

Effective January 1, 1997, Congress eliminated drug addiction and alcoholism (DA&A) as eligibility criteria to receive Supplemental Security Income(SSI) benefits. About half of SSI recipients who were disabled due to DA&A in Washington State lost their SSI eligibility while the remaining half were enrolled under another disability code. SSI recipients tend to have many health and psychiatric related issues which can be exacerbated by chronic addictions to alcohol or other drugs. As such, chemically dependent SSI recipients often use many expensive medical and mental health services.

In 1999 the Medical Assistance Administration (MAA) and the Division of Alcohol and Substance Abuse (DASA) began a two year pilot to determine whether providing alcohol or other drug addiction treatment would save the state dollars by reducing medical costs. Activities were undertaken in sixteen counties to expand outpatient services and to strengthen the local process for assessing SSI clients' needs and referring them as appropriate for residential or outpatient treatment. As a result, admissions to chemical dependency treatment rose from an average of 140 SSI recipients each month to about 180 per month – an increase of about 40 new SSI admissions each month.

About 104,000 SSI recipients resided in Washington State between July 1997 and June 2000. Their medical and chemical dependency treatment records were examined to determine their need for and receipt of chemical dependency treatment. Of these, 11 percent appeared to need chemical dependency treatment. Of those who appeared to need treatment, 41 percent actually received it.

RESULTS

Preliminary results showed that receiving chemical dependency treatment was associated with significant cost offsets in medical care expenses in the years after treatment. **After treatment, average medical costs were $980 per month higher for untreated SSI recipients who were abusing alcohol or other drugs compared to treated recipients. Chemical dependency treatment costs an estimated $3,476 per person. With chemical dependency treatment costs included, average medical costs for the untreated were $774 per month higher.** Given the increased admissions of SSI recipients to alcohol/drug treatment of 40 clients per month, or 480 per year, **the estimated annual savings in avoided medical costs equal $4,458,240**.

MORE INFORMATION

The evaluation of the SSI Cost Offset Pilot Project was conducted by Sharon Estee, Ph.D. and Daniel Nordlund, Ph.D. from the Research and Data Analysis Division within the Department of Social and Health Services. Copies of the preliminary report may be obtained from the Washington State Alcohol Drug Clearinghouse at 1-800-662-9111 (within Washington State) or (206) 725-9696 (within Seattle or outside Washington State). Questions about the report should be directed to Toni Krupski, Ph.D., DASA Research Administrator, (360) 438-8206.

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FOCUS is published quarterly for those in the chemical dependency field by the Division of Alcohol and Substance Abuse, within the Washington State Department of Social & Health Services.

Increasing Treatment Retention and Completion

By Emilio M. Vela, Treatment Services Supervisor

Dennis Braddock, Secretary of the Department of Social and Health Services (DSHS), has pledged to the public, through the Accountability Score Card, better outcomes for clients as well as safer and healthier communities. The Division of Alcohol and Substance Abuse (DASA) believes that by increasing completion/retention rates of clients receiving residential services, we are providing a way of moving towards this objective. To reach this objective, DASA is working with counties, state agencies, and residential providers across the state. This focus will improve the quality of services to publicly funded clients.

It is evident in the national and state research that treatment completers are more likely to achieve positive outcomes, less medical and psychological problems, and more likely to be employed and earning a higher income. Persons who complete treatment also have fewer criminal arrests and are more likely to engage in productive lifestyles. It is because of this information that DASA is asking treatment providers to make patient completion and retention a priority.

The Division began proactive work in this direction in July 2000. We are exploring barriers to improved completion rates and working on meeting the goal of improving outcomes for residential services. This goal became part of Ken Stark's Performance Agreement with DSHS. DASA has been working collaboratively with counties and residential providers to implement suggested steps to achieve this goal. Treatment completion/retention has become a goal not only for Ken Stark and for DASA, but also for chemical dependency treatment providers in Washington State.

During the Fall 2000 Research Conference, DASA received a cadre of suggestions about what we could do to encourage and facilitate these service improvements. These suggestions, ranging from training of providers to state/county partnerships, have been presented to the DASA Management Team and have been actively discussed by DASA's internal Treatment Completion/Retention Workgroup.

The issue of treatment completion/retention involves all sections within DASA, as well as the entire chemical dependency field in Washington State. Our hope is that through all the discussion and focus on increasing retention and completion rates, it will be the patients who benefit from this work.

2001 Drug Trends Report Now Available

By David H. Albert

The 2001 Edition of T*obacco, Alcohol, & Other Drug Trends in Washington State* – all 314 pages of it – has just been released. This is the ninth Trends report published by the Washington State Division of Alcohol and Substance Abuse, the first having been published in 1993.

The *Trends* report monitors Washington State's progress towards meeting national health promotion and disease prevention goals set forth in the new *Healthy People 2010* published by the U.S. Department of Health and Human Services, which sets new objectives for the next decade. The Trends report documents efforts being made throughout Washington State to combat the use of alcohol, tobacco, and other drugs, and highlights issues and challenges currently faced by the fields of prevention and treatment.

This year's *Trends* includes new information on heroin-related deaths, a section on the Washington State Incentive Grant, and an expanded section on the benefits of prevention and treatment. In addition, there are five new essays on policy issues confronting Washington State: Becca Youth; Chemical Dependency Involuntary Treatment; Club Drugs; Methamphetamine; and Opiate Substitution Treatment.

Thanks go to the many DASA staff who contributed to this year's report, beginning with Ellen Silverman, the Division's Human Services Policy Analyst in the Office of Planning, Policy, and Legislative Relations, who performed the arduous task of gathering, coordinating, and updating the data contained in the report.

To obtain copies of the 2001 *Trends*, contact the Alcohol/Drug Clearinghouse or contact DASA directly at 1-877-301-4557.

State Substance Abuse Prevention System Changes

By Lois Munn, SIG Communities Program Manager

From March 1999 through April 2001, the State Incentive Grant's (SIG) Prevention System Changes Workgroup focused on developing strategies and implementing action plans for each of the six objectives approved in the State Substance Abuse Prevention Plan (March 1999). In April 2000, the Governor's Substance Abuse Prevention Advisory Committee approved the strategies and authorized the State-Level Prevention System Changes Workgroup and the SIG to finalize the document of the State Substance Abuse Prevention System (March 2001).

The System Changes workgroup is working with the funding agency, the Center for Substance Abuse Prevention (CSAP), to automate the states substance abuse prevention system into the Decision Support System (DSS).

The strategy of objective 1, Selection of Overarching Desired Outcomes and Measures, resulted in the approval of 18 objectives and benchmark measures corresponding to the Healthy People 2010 Initiatives. The lists of objectives were approved based on each participating state agency's commitment to a minimum of two objectives.

Dr. David Hawkins and his staff from the Social Development Research Group, University of Washington, and Dr. Linda Becker, and her staff from the Department of Social and Health Services, Research and Data Analysis developed baseline data and projected benchmarks. The state agencies participating in the SIG include: Governor's Executive Policy Office; Lieutenant Governor's Office; Department of Social and Health Services; Office of the Superintendent of Public Instruction; Office of Community Development; Department of Health; Liquor Control Board; Governor's Juvenile Justice Advisory Committee; Family Policy Council; and Washington State Traffic Safety Commission.

The remaining five objectives and their strategies include: Objective 2, Common Needs Assessment Tools, incorporate a Relational Web-Based Data Collection System; Objective 3, Selection of Science-Based Prevention Services with the Western Center for the Application of Prevention Technology taking the lead; and Objective 4, Common Outcome Measures and Outcome Evaluation Mechanisms.

TurningPoint for FAS/E

By Jocie DeVries

The term, "turning point," indicates that there is forward movement that offers several options, and are we all ready for that bit of news! When I first stepped into the world of fetal alcohol exposure, almost ten years ago, I did so because of my love and concern for our son, Rusty. My husband and I could see that Russ was headed for the jailhouse door just as fast as he could run. The 20/20 show about Michael Dorris' son, who had Fetal Alcohol Syndrome (FAS), had given us a clue as to why Russ didn't seem to be "catching on" to the consequences of his outlandish behavior. However, we knew without an appropriate medical diagnosis, we had no way of helping him stay out of jail.

At one point, I was on the phone with a social worker who was trying to shame me into bringing Rusty home from respite care before his diagnostic appointment for FAS. In tears, I responded, "I'm not bringing him back home because I don't know how to take care of him." The social worker sarcastically retorted, "Mrs. DeVries, what are you going to do when the doctor says there is nothing wrong with Rusty?" I was so tired and discouraged, I opened my mouth to try to explain, once again, but no words would come out. I leaned against the wall and started sobbing. I couldn't explain any more; I had no more words. I dropped the phone, which dangled helplessly as I slid down to the floor, screaming hysterically. That was probably the most humiliating experience I have ever had... and one of the scariest... to know that my child's future depended on those damned facial features.

At times the taunting laughter of that caseworker still rings in my ears. But by the grace of God, that experience became the root of my energy to figure out how to help all individuals who have brain damage from fetal alcohol exposure, especially those who do not have the facial features. I know how critical a medical diagnosis can be for the future of the whole family.

We at The FAS Family Resource Institute have good news to report. There is evidence that the tide has turned. Many people are concerned about the vast number of babies born each year who have severe brain damage from fetal alcohol exposure, but do not have the facial features or growth deficiencies to get a diagnosis of FAS. We believe there is reason to hope that this situation will improve. There are many compassionate people (doctors, researchers, scientists, advocates and professionals) on the front lines who DO understand how painful and unfair this situation can be and are moving forward to find diagnostic criteria for Fetal Alcohol Effects (FAE).

Other events over the last few years have already given us reason to be confident that we have passed the turning point to officially recognize FAE as a medical and/or mental health diagnosis. These developments include:

1997, 1998 - In October, 1997, we visited with a legislative assistant of U.S. Senator Tom Daschle (D, South Dakota) and made some suggestions on how his FAS/E bill could be changed to be more helpful to individuals with FAS/E and their families. His assistant was very receptive to us and changed the bill language accordingly. This new version was passed into

See Turning Point on page 4

Turning Point continued from page 3

law in October, 1998. The intent of the law is to promote research, public awareness campaigns, and prevention and intervention programs for toddlers, children, adolescents and adults with FAS/E. It gives credibility and equality to FAE by seeking a medical diagnostic test to identify the full range of disability and by using inclusive language throughout. But we must remember that a law is only as effective as we advocates insist that it be. So we will continue to work with national agencies, U.S. Senators, Congressional Representatives, and researchers to this end.

March, 2000 - The National Institute of Alcohol Abuse and Alcoholism (NIAAA) sponsored an FAS phenotype conference in Bethesda, Maryland, which included scientists from the U.S. and Canada. These researchers specialize in FAS/E, ADHD, Autism, and the effects of Lead, Mercury and other chemical teratogens on the fetus. The goal of the session was three-fold: to identify and examine the behavioral implications of each separate teratogen; find the similarities; and determine the pattern unique to prenatal alcohol exposure.

I was overjoyed when Dr. Faye Calhoun asked me to present at this conference the collective family experience that we have gathered here at FAS*FRI over the past ten years. After presenting the core traits of FAS/E that we have identified, we urged the scientists to pursue research on an FAS/E behavioral phenotype and encouraged research in several other specific areas. If scientists will listen to the collective family experience, they will be able to identify the most cost effective areas to do research which will actually help people. Our indomitable Dr. Ann Streissguth, from the University of Washington, kept telling the assembled scientists at the phenotype conference, "Listen to the parents!"

The phenotype work session was a wonderful experience because Dr. Faye Calhoun and Dr. Ken Warren at the NIAAA gave us the opportunity to be heard and to encourage areas of practical research. Perhaps the most exciting result was that this conference formed the groundwork needed to get the full range of FAS/E into the mental health diagnostic manual as an official diagnosis.

August, 2000 - The Centers for Disease Control (CDC) hosted a meeting in Atlanta for national developmental disability advocates. This brainstorming session was held with the goal of discussing ideas on how to develop a comprehensive developmental disability program with the CDC. Representatives were invited from national advocacy groups such as the ARC, the March of Dimes, National Attention Deficit Disorder Association, Autism, Healthy Moms/Healthy Babies, as well as CDC staff and scientists working in DD research. The session concluded with a consensus that a comprehensive, coordinated national program for developmental disabilities would be beneficial, as long as a process was provided for an active role by representatives of family advocacy groups.

> In tears, I responded, "I'm not bringing him back home because I don't know how to take care of him."

October, 2000 - Congress passed the Children's Health Act and the President signed it into law, creating a new center within the Centers for Disease Control (CDC) to focus on birth defects and developmental disabilities. The legislation specifies that Fetal Alcohol Syndrome is to be included in this center. This is fantastic news! As Faye Calhoun, Director of Scientific Affairs at the National Institute of Alcohol Abuse and Alcoholism (NIAAA) has said, our first job is to prove that FAS/E does exist and that it is a serious developmental disability. Not only does this legislation accomplish that goal, it will help all the disabled people.

Summer/Fall, 2000 - Bipartisan support for FAS/E appropriations became a reality. Early last summer, U.S. Senator Tom Daschle wrote an amendment to the Senate budget which designated $25 million in the 2001 budget for his FAS/E bill which was passed in 1998 without funding. We (at FAS*FRI) received a call from his staff asking if we could find a Republican co-sponsor for this amendment. A few days later we were in Washington D.C., so we visited the office of Washington State Senator Slade Gorton and explained the critical issues surrounding the needs of children with disabilities caused by fetal alcohol exposure. Senator Gorton worked with Senator Daschle and agreed to co-sponsor it. Subsequently, the federal budget finally passed in December 2000, including almost $10 million for FAS in the CDC, $15 million for FAS in SAMHSA (Substance Abuse and Mental Health Services Administration), and a 16% general budgetary increase in the NIAAA. This is a major, hard-fought victory since designated funding is rare.

October 2000 - Twelve members of the national FAS/E Task Force, coordinated by the CDC, were nominated by the U.S. Dept. of Health and Human Services Secretary, Donna Schalala. We are proud to announce that Washington State has several confirmed members including: Fred Garcia from DASA, Dr. Theresa Maresca with Seattle Indian Health Board, and myself from The FAS Family Resource Institute. The Chair is Dr. Edward Riley, a well known FAS/E researcher at San Diego State University. He has asked me to be the liaison for input from individuals with FAS/E and their families. We have a lot of work to do to recommend the direction and priorities for FAS/E research, indentification, and intervention, but we made a good start at the first meeting in December.

Lastly, the federal Department of Education subcommittee on FAS/E is currently reviewing an FAS/E screening tool(s) that will identify children, from birth to age eight, who need to be referred for diagnosis. The emphasis of the current discussion is to make sure the screening focus is broad and will not be solely based on the facial features.

It looks like 2001 will be a very good year! For more information about the FAS Family Resource Institute and FAS Times, call (800) 999-3429 or email: vicfas@hotmail.com.

(Adapted by permission from articles in the Fall 2000 and Winter 00/01 issues of FAS Times, the quarterly newsletter of The FAS Family Resource Institute.)

Program Manager Henry Govert (right) receives a certificate of appreciation from Lt. Governor Brad Owen. Govert retired the end of January.

Henry Govert Retires

By Pennie Sherman, Office of Planning, Policy and Legislative Relations

Henry Govert, Program Manager for the Drug Free Workplace Program, retired the end of January. DASA staff honored him at a small reception on January 30th. Lieutenant Governor Brad Owen presented Henry a certificate of recognition from Governor Locke, and Suzanne Moreau from the Washington State Labor Council presented him with a plaque honoring his contributions to a drug free workplace. DASA Director, Ken Stark, shared stories about the early days of the Drug Free Workplace initiatives, and presented him with a plaque and letter from DSHS Secretary Braddock.

Henry came to DASA ten years ago when Governor Booth Gardiner needed help formulating Washington's response to the federal Drug Free Workplace Act of 1988. He was staff to the task force that developed the Executive Order establishing the state's drug free workplace program. DSHS Secretary Dick Thompson asked him to stay on as the coordinator of the DSHS Drug Free Workplace Program, and added new responsibilities after the passage of the state's Drug Free Workplace Discount legislation in 1996. The new law established a five-year demonstration project whereby participating businesses receive a discount of five percent on their worker's compensation premiums. When asked what most pleased him about his work, Henry said, "To see employers come to the realization that participating in the Drug Free Workplace Program brings benefits far beyond the financial incentives provided by the tax discount. Offering drug and alcohol rehabilitation services to employees produces a workforce that is healthier, safer, and more productive."

For the time being Henry is doing private consulting with employers concerned about drug and alcohol use among their employees. He and his wife Rebecca are enjoying the opportunity to take extended weekend trips, and are planning several major traveling adventures in the future. Henry, your friends at DASA and throughout the state wish you a most happy retirement.

Citizens Advisory Council on Alcoholism and Drug Addiction

By Tommy R. Thomson, Citizen Advisory Council Member

What and who is the Citizens Advisory Council (CAC) on Alcoholism and Drug Addiction?

The CAC was formed under the requirements of RCW 70.96A.070 to advise the department in carrying out its purposes regarding policies and programs on alcohol and drug issues. It is composed of volunteer citizens who are broadly representative of the state, at least two-thirds of whom have been in recovery from chemical dependency for at least two years. To that end, the CAC Mission Statement is: "We are dedicated volunteer advocates who advise and recommend to the Department of Social and Health Services rules, policies, and programs for residents of Washington State that will benefit: individuals and their families with alcoholism / addiction; families and individuals in high risk environments; and the larger community."

One of the committee activities I will describe is the County Board Outreach Committee. The County Board Outreach Committee has an on-going responsibility to establish a networking relation with the county alcoholism and drug addiction boards. Such county boards (as defined in RCW 70.96A.300) are charged by law with certain responsibilities involving oversight and other functions to even a more definitive extent than the CAC. The CAC has a goal of establishing and maintaining an outreach function that will provide a two-way information flow on the issues that are of concern to us all. During year 2000, an initial survey of interest was conducted by questionnaire to County Administrative Boards and the responses reflected a high level of interest, especially in several common areas and subjects.

The first phase of this outreach is to provide a speaker-based program to county boards on "What the CAC is, what it does, and a review of the RCW authorities." Our representatives have already presented this program to Spokane, Snohomish, Whatcom, and Yakima Counties.

If your County Administrative Board would like this program presented at one of their meetings, please contact Doug Allen, at DASA, (360) 438-8060, e-mail allende@dshs.wa.gov or Tommy R. Thomson, CAC Member, at (360) 734-3939, e-mail trtcpa@pacificrim.net.

Future meetings of the CAC are scheduled for July 19, 2001, in Yakima and September 20, 2001, in Seattle. A portion of the September 20 meeting will be a public hearing on the SAPT Block Grant. For meeting locations, please contact Keri Patzer, at DASA, (360) 438-8053, or by e-mail at patzekr@dshs.wa.gov.

Generally, the CAC functions within the following areas by standing or ad hoc committees:

- Council Development and Public Awareness
- County Board Outreach
- Ethnic Minority Issues
- Peer Review
- Prevention
- Regulatory Reform (Executive Order 97-2)
- Research
- Special Needs

Prevention Campaign to NCAA: End Beer Promotion During Basketball Championships

From the Booze News Website

WASHINGTON, D.C. — A coalition of 66 national and local organizations, writing on the eve of the concluding weekend of the 2001 college championship tournament, today called on the National Collegiate Athletics Association (NCAA) to end, in the future, all beer promotion throughout the broadcast of college basketball contests. Currently, NCAA policies prohibit beer advertising during the "Final Four" games, but not during pre-and post-game sports shows or during tournament games that start weeks before the championship round.

The "Time to End Alcohol Marketing in Sports" (TEAMS) Campaign, whose members include high school coaches, public health professionals, youth advocates, and substance abuse prevention groups, assailed the exploitation of college basketball to attract millions of underage teenagers and children to advertisements for beer. The group also attacked the association of sports with drinking as a mockery of the NCAA's principles and its own public service messages on alcohol abuse.

"Alcohol is the number one drug problem on American campuses. Every campus struggles to reduce the level of dangerous alcohol consumption and the widespread harm and economic costs that result from its use. The promotion of beer in connection with college sports undercuts those efforts," said Catherine Bath, program director of Security on Campus, a Pennsylvania-based organization devoted to prevention of alcohol-related violence in campus communities.

"The NCAA acknowledged that it had a problem with beer ads when it banned them during the Final Four broadcasts some ten years ago. It's high time that the NCAA take this policy to its logical conclusion, and eliminate beer advertising in connection with all broadcast college basketball," said T.E.A.M.S. coordinator Brian Hinman of CSPI's Alcohol Policies Project.

Such a move would also enhance the credibility of the NCAA's substance abuse prevention efforts. In its request to the NCAA, the Campaign noted a Harvard School of Public Health study that concluded that college athletes have a higher rate of heavy alcohol use and experience more alcohol-related harms than their non-athlete peers, despite their exposure to alcohol education programs. Hinman added, "The NCAA cannot effectively discourage underage beer use and binge drinking while feeding on beer revenues and exposing millions of students and other young viewers to ads that encourage drinking."

The group letter noted that the association of beer ads and college sports tarnishes the reputation of the NCAA and college athletics programs, many of which have been plagued by alcohol-related problems. In the past year, college athletes from high-visibility team sports have been involved in numerous, well-publicized incidents of violence and crime, including sexual assaults, stabbings, attempted robbery, and vandalism.

NCAA advertising policies purport to exclude ads that "do not appear to be in the interests of higher education." The letter to the NCAA asserted that advertising beer to college students, most of whom are under the legal purchase age of 21, violates that policy. According to academic and government research, beer consumption is associated with widespread and serious harm on college campuses. Two-thirds of all campus property damage, 64 percent of violent behavior, 42 percent of physical injury, 37 percent of emotional difficulty, and 38 percent of poor academic performance have been linked with alcohol use. Drinking also plays a role in 66% of student suicides.

"Saturating young people with beer ads as part of the college sports experience is like adding gasoline to a raging fire. It undermines the purposes and ideals of higher education and promotes a mixed message to students about alcohol," said Dick Galiette, Executive Director of the National High School Athletic Coaches Association of Hampton, Connecticut.

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), survey research of children and adolescents provides evidence of links between beer advertising and greater intentions to drink, favorable beliefs about beer, and a greater likelihood of drinking. A study of adolescent boys confirmed that they were particularly attracted to beer advertisements depicting sports. Other NIAAA research documents that drinking at younger ages is associated with the risk of alcohol dependence later in life.

In 1998, former U.S. Secretary of Health and Human Services, Donna Shalala, told the NCAA that: "We need to sever the tie between college sports and drinking — completely, absolutely, and forever." The time for NCAA action on Secretary Shalala's challenge is long overdue. The NCAA should lead efforts to make college athletics truly drug free.

Access the letter/signatory groups to NCAA President Dempsey at www.cspinet.org/booze/teams_ncaaletter.htm

The "Time to End Alcohol Marketing in Sports" Campaign (TEAMS) promotes voluntary and governmental policies and actions to eliminate alcohol marketing to underage persons in sports. Find more information on TEAMS at www.cspinet.org/booze/teams.

CSPI is a nonprofit health-advocacy organization that focuses on alcoholic-beverage problems, nutrition, and food safety. It is based in Washington, D.C., and is supported largely by the more than 800,000 subscribers to its Nutrition Action Healthletter and foundation grants. It does not accept industry or government funding. CSPI led efforts to win passage of the law requiring warning labels on alcoholic beverages and has publicized the nutritional content of many popular restaurant foods. Find CSPI on the Internet at www.cspinet.org.

Reprinted with permission.

Good News in Grant County

Wendy Hanover, Grant County Prevention Specialist, funds a program that identifies "high risk" Hispanic middle school students and matches them with professional mentors in the community. The mentors meet with their mentees throughout the month one-on-one, and then come together each month to do group activities with other mentors/mentees in the program. In December the youth and their mentors made dozen's of tamales to sell to the community as a fund raiser. Rather than spend the money collected on themselves, they decided to use the funds to adopt a family for the holidays. This is significant considering many of the youth involved in this program could have used the money themselves. It was a tremendous success and a great experience for the kids of giving back to their community.

Editors Note: This story was submitted for DASA's "good news/real heroes" campaign to raise awareness of the many ways the Department of Social and Health Services, along with our community partners, helps people in Washington State. Keep those stories coming!

Award Winning FAS Videos Now Available at Clearinghouse

By Sharon Newcomer & Carolyn Morrison,
Office of Foster Care Licensing, Headquarters

Years of work within The Office of Foster Care Licensing came to fruition on March 17th with the debut of "Journey Through the Healing Circle", an innovative series dealing with Fetal Alcohol Syndrome.

One in every 1,000 live births in Washington receive a diagnosis of Fetal Alcohol Syndrome. Many children with FAS find their way into the foster care system when their parents are unable to care for them. In King County, alone, one out of every one hundred children in foster care is diagnosed with FAS.

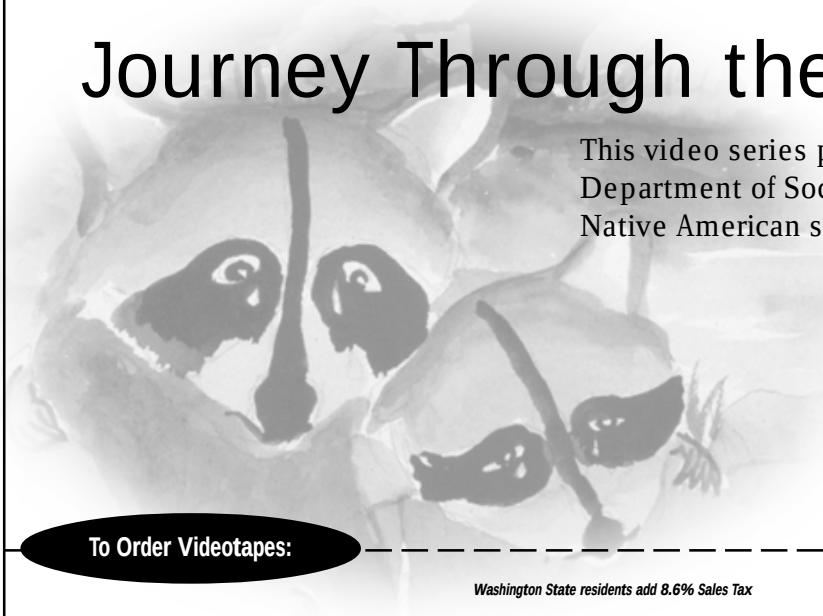
Without a carefully structured and nurturing environment, children with FAS often develop secondary diagnoses of depression and other mental illness. "Journey Through the Healing Circle" helps caregivers (birth and foster parents) to develop skills in managing behaviors and special needs. This can optimize the child's functioning.

The series debut was held at Daybreak Star Indian Cultural Center. The event was covered by KOMO, Fox and KIRO TV News, National Public Radio, and KOMO radio. Floyd Red Crow Westerman, Native American actor and narrator of the video, spoke to the group of two hundred regarding FAS and the project.

The series has won several film industry awards. The project competed with Disney, MGM and others to win the TELLY Award in the category of "Best Non-Network TV Programs/Non-broadcast Film and Video Production". When it airs on public television, it will become eligible for an EMMY. Governor Locke has selected the project to receive the Governor's Quarterly Quality Award, one of only six statewide.

The Aboriginal Disabilities Network will distribute the materials in Canada.

The Department of Information Services, DASA and DSHS Communications Department have been of enormous assistance in bringing this project to reality.



Journey Through the Healing Circle

This video series produced by the Washington State Department of Social and Health Services is narrated by Native American storyteller Floyd Red Crow Westerman, who uses animal stories to talk about Fetal Alcohol Syndrome (FAS) children and the FAS problems families confront. The series is free and can be downloaded from the DSHS Web site at: ***http://www.wa.gov/dshs***

Videotapes can be ordered from the form at left. For more information, visit the Web page or call Foster Parent Training Institute at 1-800-662-9111 or 206-725-9696.

To Order Videotapes:

Washington State residents add 8.6% Sales Tax

- Little Fox (age 0-5) and Little Mask (age 6-11) $4.00
- Sees No Danger (age 12-17) and Travels in Circles (age 18-22) $4.00
- Set of both tapes $7.00

Send order slip and your payment to: ALCOHOL/DRUG PREVENTION CLEARINGHOUSE
3700 Rainier Ave., Suite. A • Seattle, WA 98144

Washington State
Department of Social
& Health Services

Melody Dady snuggles with her 4-year-old daughter Suzanne at their home in Port Angeles where Melody lives with her husband, Michael, and three children. Suzanne was just a baby when welfare workers took away Melody's children. She got them back after kicking her methamphetamine habit at the third attempt.

Fewer Abused and Neglected Children Reunited With Parents

By Heath Foster, Seattle Post-Intelligencer Reporter

Printed Wednesday, March 28, 2001

Six months after Melody Dady first injected methamphetamine into her veins, she had lost everything she held dear -- her three children, lifetime partner, job and home.

The meth high was so orgasmic that even when the custody of her youngest, a year-old baby daughter, hung in the balance, it took three tries at treatment for Melody to kick her habit.

Child welfare workers say the drug's addictive hold on a growing group of parents like Dady is the biggest reason for a new trend: an increasing number of Washington children will never go back home.

Over the last five years, the number of abused and neglected children reunited with their parents has plummeted 30 percent, from 8,495 to 5,908. That means thousands more children are staying permanently in foster or adoptive homes.

At the same time, meth involvement in state dependency cases – those in which children are in such imminent harm that they are taken from their parents, temporarily or forever – has exploded around the state.

In Pierce and Kitsap counties, where meth lab busts have been most concentrated, 65 percent of the dependency cases last year involved the inexpensive, easy-to-manufacture drug. In Clallam County, where Dady lives, 67 percent of the dependency cases in 1999 involved drug addiction, and three out of four times the drug was meth.

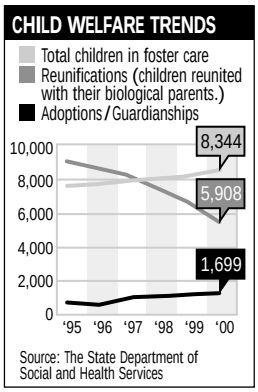
While there's been no study of the drop in family reunification, "what regional administrators are telling us is, the biggest factor is the meth epidemic," said Peggy Brown, director of the management services division at the state Department of Social and Health Services.

Mariann Whalen, a Clallam County-based state social worker serving on the Governor's Council on Substance Abuse, has no doubt that meth is behind the trend.

"This drug takes over the whole being of a person in a way we just haven't seen with other drugs," said Whalen. "Parents absolutely forget that they have children when they are on this drug. One mom I had was so strung out she left her child in Seattle and couldn't remember where she left him."

Dady said meth's grasp upon her was so sinister that she eventually let her supplier move into her garage. At times, she forgot how much she loved her children.

"This is a hard thing to admit and it still brings a lot of shame and guilt for me," the 29-year-old Port Angeles mother said. "I went against every moral and every belief I ever had when I was on that drug."



A new federal law has made it especially hard for meth addicts to win back their kids.

Before the implementation of the 1997 Adoption and Safe Families Act, the child protection system focused on doing everything possible to keep biological families together. But because children were getting trapped in foster care for as long as four years, the law gave priority to getting children into safe, permanent homes quickly -- if not with their own parents, then with relatives, guardians or adopted parents.

The law placed tighter deadlines on judges and social workers, requiring that they make tough judgments early on about whether parents can change enough to regain their kids. And social workers say the shorter time frames are often too tight for meth-using parents, who can take years to overcome their addictions.

In Washington, dependency workers must have a permanency plan in place within 60 days of removing a child, and must decide after a year's time whether the child can be reunited with the parents. Once a child has been in state care 15 of the previous 22 months, parental rights must be terminated unless social workers see "compelling reasons" to wait.

"If parents don't get it together pretty quickly and get into treatment within a few months, they are not going to get their kids back," said Dee Wilson, a DSHS regional administrator in southwest Washington. "What used to be kind of an extreme position has become a normal position."

The new federal rules have helped shorten the time Washington kids bounce around in

foster care; since 1997, the median length of temporary care has dropped from about 21 months to 16 months.

Meanwhile, the rules have been hard on meth-addicted parents. In a typical case, the mother's partner is manufacturing meth in the home, using cheap, over-the-counter ingredients and recipes that can be easily found over the Internet.

Chris Robinson, regional administrator for child welfare cases in Pierce and Kitsap counties, said that because meth is highly toxic and explosive, when police bust the lab, the family usually loses its home and everything in it.

"The kids often don't even have their favorite toy or blanket to take with them," she said.

And a mother who loses her partner to jail, her children to foster care, and all her possessions has a far harder time than most picking up the pieces of her life, Robinson added.

And then there's the drug's physical and psychological toll. Users become extremely paranoid and are given to hallucinations and sudden outbursts of violence.

Meth addicts often cannot sleep and forget to eat. When Melody Dady finally went into treatment in 1997, she weighed 103 pounds.

"You are often dealing with people who are literally falling apart," said Wilson.

Whalen, the Port Angeles dependency caseworker, said that in her experience it takes a year and a half to two years for a meth-addicted parent to become clean and sober and win his or her children back. She has had the most success when she gets parents into treatment within 30 days of their children being taken away.

"That's when they are feeling they will do whatever it takes to get their kids back," she said. "Some parents will walk away and say I'm done. The drugs are just too powerful."

Whalen said treatment programs of less than six months aren't usually effective. She sees the most success when parents move from treatment into transitional housing programs that offer continuing counseling and support groups. That formula worked for Dady, who finally kicked the drug after she finished an intense residential program in Tacoma that allowed her to bring along her then year-old baby Suzanne.

Melody Dady and son Alan enjoy some exercise on the Port Angeles waterfront. Dady is now studying to become a child welfare caseworker.

She eventually won all three of her children back. She reunited with and married their father, Michael. She is now attending community college, studying to become a child welfare caseworker like the one she credits with saving her life – Whalen.

Whalen is considered a model caseworker. But some drug treatment counselors say that not all DSHS caseworkers are as aggressive about reuniting families as she is. Workers often seem resigned that parents won't be able to rebuild their lives in time to meet the new federal time frames, they say.

The counselors note that the new federal law also created controversial cash bonuses for states that increase adoptions.

Washington's adoption rate has jumped 83 percent over the last five years, to 1,164 cases in 2000. The success won the state a $620,000 bonus last year, and it used the money to speed adoptions for children permanently removed from parents.

Wilson, the DSHS administrator, said caseworkers understand how deeply many children long to return to their parents, and genuinely make that their first priority. One challenge, especially in rural areas, is a shortage of substance abuse treatment and mental health treatment programs close to home.

Like others in the DSHS system, Wilson cautions that meth use is probably not the only cause for the drop in family reunifications. One notable trend has been a dramatic decrease over the last five years in kids who are taken from their parents and then returned within two months, from 6,021 to 3,931.

Both Wilson and Robinson believe that reduction reflects the fact that caseworkers have found ways to do effective social work without removing children from home, and so the least serious cases aren't entering the system in the first place.

That means that the cases social workers are dealing with are more complex and harder to resolve, involving multiple issues such as drug addiction, mental health and family violence. So reunifications are becoming harder to achieve, they said.

Because DSHS hasn't done a thorough study of the plummeting reunification rate, the state Office of Public Defense has asked the Legislature to pay for a study of the trend.

"We have 2,000 kids less reunifying with their families than just four or five years ago, and we need to know why this is happening," said Joanne Moore, the office's director.

Whalen hopes such a study will push lawmakers to spend more on drug treatment.
Gov. Gary Locke's current budget proposal includes $5.1 million for meth treatment.

"There's nothing more rewarding than seeing children with their parents again," Whalen said.

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New Websites Provide Easy Access to CD Resources

DASA is pleased to announce the launch of two new websites: one that contains information about DASA services and resources, and one for existing and future chemical dependency professionals.

The DASA website gives on-line access to the following information and resources:

- DASA's Planning, policy, budget, and overview documents
- Publications: FOCUS Newsletter, Monthly Highlights, and a calendar of trainings and other events
- Target Updates
- Grant finder
- Phone listing of DASA staff
- Links to DSHS, Legislature, Access Washington and other government websites

Visit the DASA website at:
http: / / www-app2.wa.gov / dshs / dasa / index.htm

If you have comments or suggestions about the DASA site, please complete and submit the feedback form available on the site.

The Chemical Dependency Professionals website was developed in response to the current counselor shortage in Washington State. The goal in providing this site is to encourage people to consider the challenging and rewarding career of a Chemical Dependency Professional. To help people in beginning this career, the site contains a step-by-step information page; a job announcement page, and a resume posting page.

Visit the Chemical Dependency Professionals website at:
http: / / www.cdpcertification.org / default.asp

New Tobacco Website for Teens

By Lisa Lafond, DOH Tobacco Prevention Program

The Washington State Department of Health (DOH) is using funds from the Master Settlement Agreement with Big Tobacco to launch a teen-oriented, anti-tobacco website: outrageavenue.com.

The site takes a unique, hip approach and will compete on the level of various teen-lifestyle sites such as MTV.com and Teen-Net.com, as well as teen magazines, including Seventeen and YM. Outrageavenue.com is a place where teens can hang out on the net and gather information that directly affects their lives, including the dangers of tobacco use. Teens have access to the latest celebrity, music and fashion news, as well as e-mail accounts and upcoming events in Washington state. The site also offers tobacco education information, a senior project resource center and fun tobacco-related tools such as a tobacco calculator that figures how much youth spend on tobacco products and what they could be buying instead (CDs, snowboards, etc.).

Visit the DOH anti-tobacco website at:
www.outrageavenue.com

The site operates as a clearinghouse for all DOH youth programs and gives a fun and edgy feel to Washington's anti-tobacco youth campaign. To help the site keep momentum and attract new users, regular features include teen anti-tobacco programs hosted by outrageavenue.com, such as concerts, celebrity interviews and reality-based programming.

For more information about the website, contact Lisa Lafond, Washington State Department of Health, at (360) 236-3634 or email: lisa.lafond@doh.wa.gov.

A Tribal Gathering

By Sandra Mena

In March representatives from Washington's federally recognized tribes, Indian Country alcohol and drug abuse prevention and treatment providers, Urban Indian programs and DASA administrators and program managers gathered in Federal Way to continue the process of building better systems for communication and collaboration.

125 people attended the opening session representing 24 Tribes and 6 Urban Indian organizations in Washington, and one tribe from Oregon. Four Tribal Council members were in attendance, as well as staff from the Portland based Indian Health Service organization.

Kimberly Craven of the Governor's Office of Indian Affairs was the luncheon speaker.

The gathering provided an opportunity for DASA staff to hear about Tribal needs and concerns regarding alcohol, tobacco and other drugs, and to present to the Tribes a proposal to streamline the Government-to-Government contracting process between DASA and the Tribes.

Through group discussion and the eight breakout sessions, DASA staff heard that the Tribes need more culturally specific training, more technical assistance, and more treatment and support services to better serve their clients. They also want DASA to re-establish the Indian Tribal Liaison position. DASA administrators agreed to consider all of their concerns in budget and program planning, and to continue the dialogue.

Pioneer Human Services Recognizes DASA

By Linda Grant, Pioneer Human Services

In March DASA became the first government agency to be honored by Pioneer Human Services for innovation and leadership in serving persons at risk in Washington State. Ken Stark, Director of the Division of Alcohol and Substance Abuse, accepted the "Partner of the Year Award for 2000" from Pioneer Human Services at their Annual Meeting. The beautiful, handblown glass platter created by a Northwest artist reads: As our partner in providing the "Chance for Change", Pioneer Human Services designates the Division of Alcohol and Substance Abuse, DSHS, Partner of the Year, 2000.

This is the first time a government agency has been honored with this award. Previous recipients have been Starbucks Coffee Company, The Boeing Company, Taco Del Mar, Leviton Manufacturing, and Heart Interface; all major corporations which have helped Pioneer create jobs and opportunities for at-risk individuals.

Pioneer Human Services and DASA began their collaboration in 1962 when Pioneer established the first alcoholism recovery house in Washington State. In 1979 DASA and Pioneer established Pioneer Center North, the first secure adult treatment center of its kind, established to accept individuals committed by the courts to alcohol treatment under the state's then-new Uniform Alcoholism and Intoxication Act. Today DASA provides funding for critical case management for pregnant and parenting women and their children living in Pioneer transitional housing, as well as continuing to fund Pioneer Center North.

Ken Stark was personally praised for his leadership, foresight and persistence in utilizing outcome measurements to document the cost benefits of the services DASA funds. Through this commitment, treatment opportunities have expanded, and Pioneer Center North in Sedro-Woolley, the state's only secure long-term treatment facility for civilly committed alcoholics and addicts, has survived various funding crises. The staff at DASA were also acknowledged as "superb" and another reason that DASA can be recognized on a par with Pioneer's private business partners.

Treatment Barriers and Solutions for Older Adults

By Edie Henderson, Residential Services Manager

Often hidden, because of ageism present in societal attitudes, the problem of substance misuse and abuse among the elderly is considered an "invisible epidemic" which affects up to 17 to 20 percent of the elderly population (Center for Substance Abuse Treatment, 1998) (Stark, 2000). Researchers are only beginning to realize the pervasiveness of substance abuse among people age 60 and older. Until relatively recently, alcohol and prescription drug misuse, which affects as many as 17 percent of older adults, was not discussed in either the substance abuse or the gerontological literature. The reasons for this silence are varied: Health care providers tend to overlook substance abuse and misuse among older people, mistaking the symptoms for those of dementia, depression, or other problems common to older adults. In addition, older adults are more likely to hide their substance abuse and less likely to seek professional help. Many relatives of older individuals with substance use disorders, particularly their adult children, are ashamed of the problem and choose not to address it. The result is thousands of older adults who need treatment and do not receive it.

Island Health and Rehabilitation Center, a nursing home facility providing services to older adults, has contracted with the Division of Alcohol and Substance Abuse (DASA) to provide residential chemical dependency treatment services. Island Health and Rehabilitation Center is licensed to provide long term residential chemical dependency treatment services. This is a unique approach to recovery for the chemical and/or alcohol dependent older adult. Island Health and Rehabilitation Center is a 68 bed licensed skilled nursing facility that offers a range of services from recovery post-hospitalization, respite care, and long-term services when one can no longer be taken care of in their own home. The center is located in the quiet and serene community of Bainbridge Island. It offers a comfortable and secure setting for those seeking recovery and renewal.

To be eligible for state funded services at Island Health and Rehabilitation, a patient must be nursing home and Medicaid eligible. Patients can also be accepted under insurance, Medicare funding or private pay. As Aging and Adult Services (AAS) pay Island Health for home and health care services, DASA pays for treatment on a fee for service basis. This is a new type of collaborative braided funding from the Department of Social and Health Services.

At Island Health and Rehabilitation a Chemical Dependency Counselor works with each patient to educate them about their illness, provide support for initial recovery and encourage complete recovery as he or she returns home by establishing a long-term support system.

Washington State Enters NIDA's National Drug Abuse Treatment Clinical Trials Network

By Dennis M. Donovan, Ph.D.,
Director, Alcohol & Drug Abuse Institute and
Professor, Department of Psychiatry & Behavioral Sciences
University of Washington

The Alcohol and Drug Abuse Institute at the University of Washington received funding from the National Institute on Drug Abuse (NIDA) in January 2001 to develop one of 14 Regional Research and Training Centers (RRTC) in its National Drug Abuse Treatment Clinical Trials Network (CTN). The purpose of the CTN is to bring together researchers, clinicians, and policy makers to work toward improved community-based treatment for substance abusers. The CTN has two primary goals: (1) To conduct studies of previously documented efficacious behavioral, pharmacological, and integrated behavioral and pharmacological interventions to determine their effectiveness across a broad range of community-based treatment settings and diverse patient populations, and (2) to transfer research results to clinicians and their patients to improve the quality of drug abuse treatment throughout the country using science as the vehicle.

To form the Washington Node of the CTN, researchers from the University and representatives from 9 community based treatment programs (CTPs) throughout the state (Chemical Dependency Treatment Unit of Deaconess Medical Center in Spokane, Evergreen Manor in Everett, Evergreen Treatment Services in Seattle, Kitsap Recovery Center in Bremerton, Providence Behavioral Health Services in Everett, Recovery Centers of King County in Seattle, Residence XII in Kirkland, Triumph Treatment Services in Yakima, and the Chemical Addiction Rehabilitation Section at the Vancouver Division of Portland Veterans Affairs Medical Center) have been meeting regularly since last summer to develop an organizational structure. The local Steering Committee is co-chaired by a researcher and clinician, reflecting the partnership between these groups; similarly, each of the 14 nodes has two votes on the National Steering Committee – one for the Principal Investigator and a CTP representative. The focus is now on selecting and implementing research protocols that are developed at the national level of the CTN, and to developing research concepts of clinical relevance to our CTPs that can be put forward for consideration as future protocols.

Three research protocols have already been developed and are in the process of implementation. The first is a study that evaluates the effectiveness of a combined medication, buprenorphine/naloxone, in detoxifying opiate addicts in both inpatient and outpatient settings. The second evaluates the usefulness of brief motivational interventions at the beginning of outpatient treatment as a means of increasing treatment engagement, retention, and completion as well as improving outcomes. The third protocol examines the benefit of adding an intervention called motivational incentive therapy to standard methadone or drug free outpatient treatment. The study will determine if drug abusers who receive vouchers that can be redeemed for tangible rewards (e.g., clothes, calling cards, food) for providing clean urine samples keep patients in treatment longer and with reduced drug use.

To get more information about the national Clinical Trials Network, click on the CTN Website (http://www.nida.nih.gov/CTN) or look at Volume 15, Number 6 of NIDA Notes, available at http://www.nida.nih.gov/NIDA_Notes/NNIndex.html. For more information about the Regional Research and Training Center at the University of Washington, click on http://depts.washington.edu/adai/ctn-wa.

Survey Shows Public Support in Washington for Treatment

A new poll of Washington voters released in March shows strong support for the use of tax dollars to help working families. The research was funded by Casey Family Programs and released by Lutheran Social Services, Jewish Family Service, Catholic Community Services and the Children's Alliance.

The poll was conducted in November, 2000 by the Evans / McDonough Company.

Please use this new information in your advocacy efforts, letters to the editor and your community meetings.

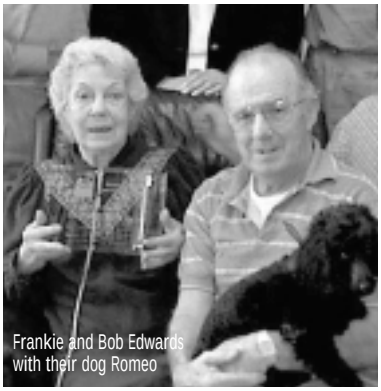
If you would like more information about this poll, please contact Laura Strickler at 206-324-0340 ext. 13 or email laura@childrensalliance.org

The Three Key Findings Are:

1. Nearly half the voters (44%) think "programs and policies regarding children in Washington State... are inadequate." Well over half (62%) believe that "child poverty should be among the top two or three priorities in Washington State" because of its negative effect on child development.
2. Strong majorities of Washingtonians would dedicate tax dollars to helping children and their working families who are struggling with mental health (85%) and substance abuse (76%) problems.
3. Strong support for specific investments includes:
   - 78% support investment in job training opportunities
   - 76% support mental health & substance abuse programs
   - 74% support childcare assistance

Honoring Frankie Edwards

By Harvey Funai, Region 4 Administrator


Frankie and Bob Edwards with their dog Romeo

The Division of Alcohol and Substance Abuse (DASA) honored Ms. Frankie Edwards in March 2001 for her numerous years of service and contributions to the chemical dependency field. Ken Stark and Harvey Funai from DASA; her former employer, Carol Hoeft from Eastside Recovery Center; and Norman Johnson from Therapeutic Health Services paid a visit to Frankie, her husband Bob, and their poodle, Romeo.

Ken presented a beautifully engraved desk plaque that read: In recognition of Frankie Edwards for her compassion and caring for the chronic alcoholic, mentoring of chemical dependency professionals, dedication to and leadership in the chemical dependency field, and advocacy on behalf of her clients.

Although Frankie has been experiencing ongoing health challenges, she has maintained her positive outlook on life and interest in activities impacting the chemical dependency field. Frankie always had a special skill for using those "windows of opportunity" to assist clients in pursuing and obtaining detoxification and treatment services. She made every client feel welcome with her warm, gentle touch and offerings of warm beverages or something to eat. She often was recognized and approached by her former clients, especially when she worked at Smith Tower. Regardless if they were clean and sober or had not been able to maintain their sobriety, she would always treat them warmly with dignity and respect, offering assistance and advice if she felt it was warranted. And most importantly, she gave encouragement and a sense of hope for those around her who were going through difficult times.

Frankie updated us on what she believed needed to be done to improve our system, such as recruiting volunteer grandparents to work with youth. To no-one's surprise, she was also current on legislation impacting the chemical dependency field.

After visiting with Frankie and Bob for over an hour, we decided we had better leave as Romeo didn't seem overly fond of Norman. Norman had stood up quickly earlier into our visit and Romeo put him back on his heels by charging him with a deep growl and teeth showing.

Frankie, congratulations on your award and thank you for mentoring and teaching so many of us on how to reach out and compassionately serve individuals and their family members whose lives are impacted by the disease of chemical dependency.

What's New at the Alcohol/Drug Helpline, Teenline and Clearinghouse?

By Ann Forbes, Executive Director

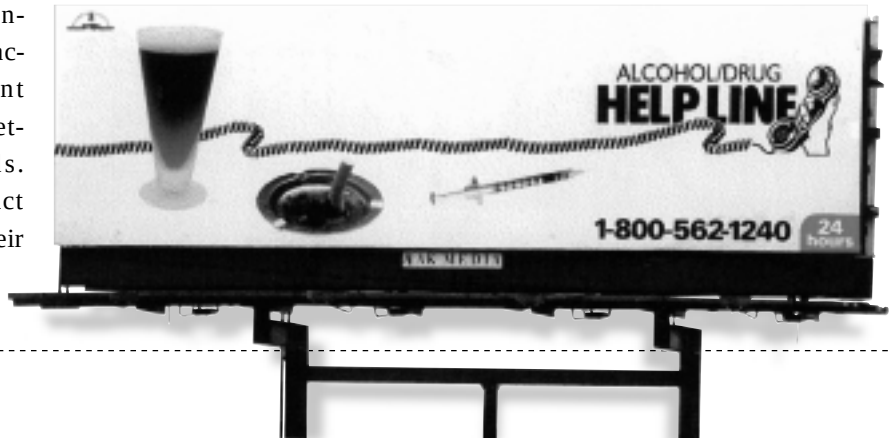
We have been busy developing the new Chemical Dependency Certification website, which has been up since March 1, 2001.

The Journey through the Healing Circle (FAS) materials have arrived and are available through the Washington State Alcohol Drug Clearinghouse. There are a series of four books, two videos, four CD-ROM's, promotional poster and coming soon color books. You can obtain an order form and price sheet by going to wa.gov/dshs/fosterparents.

ADATSA Bed Utilization (ABU) is in operation to assist the ADATSA Assessment Centers across the state in placing patients in inpatient treatment and help with better utilization of beds. ADATSA providers contact the ABU line to provide their most current bed availability status. The phone number for ABU is 1-866-244-3400.

Teen Line recently has received a Tobacco Grant from King County Department of Health Tobacco Prevention Program. With this we upgraded our Teen Line Website, which is located on adhl.org, which includes a tobacco survey, which is getting great response. Also part of the grant money was to distribute a King County Tobacco Resource List in Bookmark form. The bookmark includes phone numbers as well as websites.

The Alcohol Drug Help Line is one of ten recipients of two years of free billboard advertising worth five hundred thousand dollars! We will be on three billboards rotating predominately through the King County area.



For more information about our services, call the Helpline at (206) 722-3700, or the Clearinghouse at 1-800-662-9111 or (206) 725-9696.

New Hotline and Video for Reporting Child Abuse and Neglect

By Deb Schnellman, Public Education Manager

In Washington State, Department of Social and Health Services (DSHS) workers identified more than 58,000 child victims of abuse and neglect in 2000. In the substance abuse field we are all too aware that drug-addicted parents, especially those addicted to meth, are a growing cause of this tragedy.

During April, children across the state joined other child welfare advocates to unfurl brightly colored memorial flags and turn on "Lights of Hope" to focus attention on Child Abuse Prevention Month and the sobering tragedy of child abuse and neglect in our communities.

DSHS took this opportunity to announce its new, easy-to-remember toll-free number to call if someone believes a child is being abused or neglected. **The DSHS toll-free number 1-866-ENDHARM (1-866-363-4276) directs people to the appropriate DSHS office to handle the complaint.** In just the first week following the news announcement, 38 calls were received.

"Keeping children safe from harm is a responsibility shared by all of us – in every community, every neighborhood and every family throughout the state," said DSHS Secretary Dennis Braddock. "We believe that 1-866-ENDHARM, which is very easy to remember, will be an effective tool in helping people quickly and easily report their concerns about a child who needs protection."

In addition to the new toll-free number for the public, a new training video is available for mandatory reporters of child abuse and neglect. As outlined in the WAC Implementation Guide of March 15, 2001 (Appendix A), chemical dependency service professionals are mandatory reporters. The 20-minute video illustrates when and how a report is made, as well as the process followed by Child Protective Services after a report is received. **To receive a video, contact the DSHS Children's Administration at (360) 902-7996.**

Four children die each day from abuse and neglect in the United States, and reports of child abuse and neglect continue to grow while all other crime statistics are coming down, according to a recent report by Prevent Child Abuse America.

In the last decade of the millennium, the number of children reported as abused or neglected in the United States grew by 33 percent to reach a level of 3,244,000. State reporting agencies from around the country cited the following reasons for increasing rates of child abuse and neglect: poverty and other economic strain; parental capacity and skill; other incidents involving domestic violence; and substance abuse by one or more parents. In fact, 85 percent of reporting agencies named substance abuse as the most frequently cited problem exhibited by families reported for maltreatment.

Another report from the National Center on Child Abuse and Neglect states that 50 to 80 percent of all child abuse and neglect cases substantiated by child protective services involve some degree of alcohol and other drug use by the child's parents.

The link between alcohol and illicit drug abuse and child abuse is clear. Adults who abuse alcohol and other drugs are more likely than others to physically, sexually, or emotionally abuse or neglect their children. In turn, childhood victimization is a major risk factor for later drug abuse. At least two-thirds of patients in drug abuse treatment say they were physically or sexually abused as children. Without intervention, this cycle can be unending and devastating.

Marijuana is often considered a "mellowing drug," but its effects on the user and his or her parenting skills can be just as damaging as other drugs considered "harder" or more likely to cause violent behavior.

Parents who use marijuana may also do the following:

- Set a poor example for children to follow
- Expose children to the health risks of second hand smoke
- Expose children to dangerous situations while the parents' judgement is impaired (including driving while high)
- Neglect essential childcare due to lack of motivation

Research shows more anger and more regressive behavior (thumb sucking, temper tantrums) in toddlers whose parents use marijuana than among the toddlers of nonusing parents.

To learn more about substance abuse and its link to child abuse, check out the following publication online:

- *Making the Link: Alcohol, Tobacco, and Other Drugs & Pregnancy and Parenthood: www.health.org/govpubs/mL010/index.htm*

Stigma, Media Influences Among Topics at Forum

By Dixie Grunenfelder, Training Director

The 2001 Public Policy Forum, "From Intention to Action," was held in February in Fife. 250 individuals working in the alcohol and other drug prevention, intervention, and treatment field came together to discuss how public policy is developed and ways to affect change.

Keynote William Cope Moyers from the Johnson Institute Foundation spoke of the challenge to the treatment community of overcoming the stigma of chemical dependency. Moyers also spoke of the need to have real people in Washington talking about their recovery, and for addicts and their families to speak out against decreased medical benefits for treatment. He added that many people in recovery mistakenly believe they have to be anonymous if they are in AA. While they can't speak as a member of AA, they can and should speak about their recovery as an individual.

James Mosher from the Alcohol Policy Trauma Foundation at San Francisco General Hospital presented information about media literacy and the tools used by the beverage industry to promote the use of alcohol. He advocated using the same tools to promote the prevention of use and abuse of alcohol and other drugs.

Daniel Schecter from the Office of National Drug Control Policy provided an update on federal alcohol and drug policies and the National Anti-Drug

See Media Influences on page 15

CODIAC on the Move

By Tina Orwall Shamseldin, MSW and Terrie Franklin, MA

The Co-Occurring Disorder Interagency Advisory Committee (CODIAC) has been working hard to impact our service systems to improve care to individuals with co-occurring psychiatric and chemical dependency disorders.

Since its inception in 1992, this group has been meeting regularly to improve the type and quality of services for people commonly referred to as MICA or dually diagnosed. In 1998, in a statewide survey prompted by Senator Jeanine Long, administrators and clinicians in both mental health and chemical dependency programs identified barriers to providing care to persons with co-occurring disorders (COD). The first item on the list was the need to redefine "MICA," which had many definitions, including the state's description of persons with an Axis I chronic mental illness (Schizophrenia, Bipolar) and chemically abusing.

Two years ago, CODIAC decided to update this term to better describe the range of individuals who experience co-occurring psychiatric and substance related disorders to assist in dialogues and planning between mental health and chemical dependency. With the help of Dr. Rick Ries and his four-quadrant model, we described the types of individuals served, or not served, by our systems. This administrative tool was adopted by the Department of Social and Health Services (DSHS) and has provided us a foundation for further discussion on changes needed in our system.

Last spring, a new workgroup was created to look at broadening the eligibility for individuals with co-occurring disorders (COD). The first task for our team of chemical dependency and mental health professionals was to map out the funding and access points to our two systems of care. After hours of hard work and intense discussions, we created two complex and distinct flowcharts. Upon nearing the conclusion of our task, one question still remained. If a team of professionals with several years of experience had difficulty with this process, can we reasonably expect clients and families to navigate our systems? At that point, our workgroup decided to refocus our work to look at broadening "access" and making a simple, holistic approach to entering services.

This is not a novel concept by any means. Many parts of the state have attempted to streamline parts of these systems; in most cases it involves coordination with the Community Service Officer (CSO) and either mental health or chemical dependency system. Many communities around the state have devised successful approaches to dealing with individuals with COD within the parameters of local funding and availability of services such as crisis triage centers. We believe these approaches can provide direction to statewide collaboration to increase access to a broader range of care.

Here are two of our main recommendations:

- Establish an enhanced public service eligibility process that incorporates mental health, chemical dependency, and financial assistance at a single location in order to create a "one stop" service system.
- Enhance the medical benefit for persons on General Assistance Unemployable (GAU) to cover in-depth mental health and substance abuse assessment, individual and group treatment, case management, and vocational counseling.

Our proposed model would not eliminate any current service doors but would reconfigure several entry points in the community where persons with COD may attempt to access services. It is also important to note when we support collaboration and integration we are not suggesting a dissolution of one system in favor of the other. We support programs that reflect the discrete nature and expertise of each system with the goal of bringing the best of each to bear on program development and implementation.

To accomplish our recommendations, it will require collaboration, planning, and shared resources at both a state and local level. State and County governments must be firmly committed to change both policy and practice if we are to truly change how we provide access to care. Each region would need to evaluate how assessment resources are currently used and what steps would be necessary to move toward the model that would best meet the needs of the persons in their community.

Please look for our soon to be released report, "One Stop Integrated Eligibility Model," coming to your area soon. Please forward any thoughts or comments you may have to Terrie Franklin, Division of Alcohol and Substance Abuse, franktb@dshs.wa.gov, Tina Shamseldin, Pierce County Regional Support Network, at tshamse@co.pierce.wa.us, or Cleve Thompson, Clark County Alcohol and Drug Coordinator, at cleve.thompson@co.clark.wa.us.

Media Influences continued from page 14

Media Campaign.

Zachary Dal Pra, Deputy Chief of Assessment and Program Development with Maricopa County Adult Probation in Phoenix, Arizona, discussed his state's voter approved Initiative 200 that requires first-time drug offenders to be placed on probation and participate in treatment as an alternative to incarceration. He outlined the challenges that their department faced during implementation and provided preliminary information showing the benefits of treatment over incarceration.

Several dedicated individuals working in the fields of drug prevention, intervention and treatment were honored at the Forum for their significant contributions to the health of Washington citizens. The following individuals were selected by their peers to receive a Year 2001 Outstanding Achievement Award from DASA: Roy Gabriel, Steve Gallon, Betty Rodgers, James Vollendroff, Carol Hasman, Scott Munson, Linda Becker, Alan Erickson and Harry Barth. The Seattle King County Tobacco Prevention Program also received an award.

For more information about the Public Policy Forum, contact Dixie Grunenfelder at (360) 438-8219.

Upcoming Training and Awareness Events for 2001

June

Gay Pride Month

1 Co-Occurring Regional Workshop, King Cty, Port Orchard, Tacoma, and Benton Franklin Cty

2-6 NASADAD/NPN Annual Meeting, New Orleans

4-5 HIV Prevention Counseling, Testing, and Partner Notification, Tacoma

5-6 Understanding the Anti-Social Personality, Seattle

5-7 The Prevention Professional: Developing Key Job Skills for Substance Abuse Prevention, TBD

7-8 HIV Prevention Counseling, Testing and Partner Notification, Olympia

12-13 HIV Prevention Counseling, Testing and Partner Notification, Spokane

12-13 Co-Occurring Regional Workshop, Snohomish

14 4th National HIV/AIDS Conference, Denver

14-15 HIV/AIDS Regional Collaboration Workshop, Tacoma

15 Co-Occurring Regional Workshop, Tacoma

21 Co-Occurring Regional Workshop, Tacoma and Yakima

21-23 15th Annual National Conference on Problem Gambling, Seattle

22 Co-Occurring Regional Workshop, Yakima

26-27 Co-Occurring Regional Workshop, Skagit

27-28 Tobacco Summit: "Outrage 98119", Seattle, (360) 236-3643

28-29 Co-Occurring Regional Workshop, Port Angeles

28-29 HIV/AIDS Regional Collaboration Workshop, Seattle

29 Co-Occurring Regional Workshop, Tacoma and Seattle

July

19-20 HIV Prevention Counseling, Testing, and Partner Notification, Olympia

22 National Parent's Day, www.parentingcoalition.org, (202) 530-0849

24-25 HIV Prevention Counseling, Testing and Partner Notification, Seattle

August

7 National Night Out, www.natw.org, (800) Nite-out

7-10 Camp Speak Out!, American Cancer Society, www.cancer.org, (800) 729-5588

September

National Alcohol and Drug Addiction Recovery Month Contact: CSAT, (301) 443-5052, www.samhsa.gov/csat

For more information about trainings, call the Training Section at 1-877-301-4557

The 15th Annual National Conference on Problem Gambling "Building Partnerships for the Future" is coming to Seattle, June 21-23. The site of this year's conference is the DoubleTree Hotel Seattle Airport. This year's conference is bigger and better than ever before. The education programs have been expanded to include new tracks, featuring experts in all areas of problem gambling. Our keynote speaker is Alan Marlatt, Ph.D., Professor of Psychology at the University of Washington.

Washington State Department of Social & Health Services

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